

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G32455

1. Entity Name

SOUTH-CO BUILDING CONTRACTORS, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90187 009 ***150.00

Principal Place of Business

101 N FRANKLIN ST.
SUITE A
TAMPA FL 33602

Mailing Address

101 N FRANKLIN ST.
SUITE A
TAMPA FL 33602

2. Principal Place of Business

4315 N Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

4315 N Florida Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33603

Country

City & State

Tampa FL

Zip

33603

Country

4. FEI Number

59-2278433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WATSON, JAMES T
101 N FRANKLIN ST.
SUITE A
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4315 N Florida Ave

City

Tampa

FL

Zip Code

33603

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ELLSWORTH, DOUGLAS J
8643 MORNING DOVE PLACE
ZEPHYRHILLS FL 33544

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
WATSON, JAMES T
452 SEVERN
TAMPA FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)